



MISSOURI DEPARTMENT OF MENTAL HEALTH

Dorn Schuffman, Department Director



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR
8.130

CHAPTER Regulatory Compliance	SUBCHAPTER HIPAA Regulations	EFFECTIVE DATE 6/01/03	NUMBER OF PAGES 2	PAGE NUMBER 1 of 2
SUBJECT Auditing and Monitoring of HIPAA Department Operating Regulations		AUTHORITY Section 630.050	History See Below	
PERSON RESPONSIBLE Deputy Director, Office of Quality Management			SUNSET DATE	07/1/06

PURPOSE: It is the policy of the Department of Mental Health (DMH) to identify those Department Operating Regulations (DOR) put in place as required by the Health Insurance Portability and Accountability Act of 1996 (45 CFR Section 164.502 et seq.), and to audit and monitor the compliance with those DORs to assure HIPAA compliance.

APPLICATION: The Department of Mental Health, its facilities and workforce.

(1) PROCEDURE:

(A) All Department of Mental Health facilities, under the direction of the DMH HIPAA Privacy Officer, shall audit and monitor a set of key indicators for each HIPAA DOR that requires the audit and monitoring function.

(B) Each HIPAA DOR to be monitored will be identified by having the following language placed in the DOR: "The Central Office Privacy Officer will collect information from the facility Privacy Officers during the month of April each year beginning in 2004 and every April thereafter for the purpose of providing feedback to the Deputy Director, Office of Quality Management and to the Executive Team of any trends regarding this DOR".

(C) Key indicators will be selected by the DMH HIPAA Privacy Officer in conjunction with the facility Privacy Officers, and will change on a yearly basis. Typically two key indicators will be selected for review for each DOR, but additional key indicators may be selected at the discretion of the DMH HIPAA Privacy Officer.

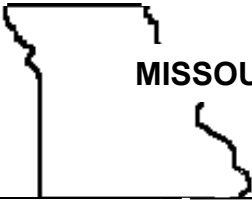
(D) Beginning in April 2003, each facility Privacy Officer and the DMH Central Office Privacy Officer (as applicable), shall begin to collect information on the set of key indicators selected for that year.

(E) On April 30 of each year beginning in April 2004, each facility Privacy Officer shall provide the results of that audit and monitoring activity to the DMH HIPAA Privacy Officer, using the format prescribed by the DMH HIPAA Privacy Officer.

(F) The facility Privacy Officer and/or the DMH HIPAA Privacy Officer may designate some other DMH staff to assist with the collection of the data regarding the key indicators.

(G) The DMH HIPAA Privacy Officer shall then analyze the results, requesting assistance as needed, and then provide feedback to the Deputy Director, Office of Quality Management and to the Executive Team of any trends regarding the HIPAA DORs, and any changes or revisions indicated through the audit and monitoring process. That feedback shall occur no later than July 1 of the same year.

(H) Feedback will be provided to the facility Privacy Officers for sharing with the administration at each respective facility.



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(2) SANCTIONS: Failure to comply or assure compliance with this DOR may result in disciplinary action, up to and including dismissal.

(3) NO LOCAL POLICIES: There shall be no local policies on this topic. This Department Operating Regulation shall control.

HISTORY: Emergency DOR effective January 15, 2003. Final DOR effective June 1, 2003.